

Before the
STATE OF RHODE ISLAND
COMMISSION FOR HUMAN RIGHTS
180 Westminister Street, Third Floor
Providence, RI 02903
401-222-2661 TDD# 401-222-2664

DISCRIMINATION QUESTIONNAIRE

Please fill out this form as completely as possible and return it to the Commission at the above address. You will be contacted regarding the filing of a formal charge if your situation comes under our jurisdiction. PLEASE NOTE: this is **not** a formal charge of discrimination. Please type or print your answers clearly. **PLEASE BE ADVISED THAT IF QUESTION NUMBER 5 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR CHARGE.**

Indicate Mr./Mrs./Ms. _____

Date _____

1. Name _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip Code _____

Telephone(including area code) Home: _____ Work: _____

Social Security Number _____ Date of Birth _____

2. Who are you filing against? ☐ Store ☐ Bank ☐ Credit Card Co. ☐ Restaurant ☐ Other

Name _____

Address _____

City _____ State _____ Zip Code _____

Name of individual
who discriminated against you, if applicable _____

Telephone (include area code) _____

President _____

3. **CAUSE OF ALLEGED DISCRIMINATION** (circle cause (s)) RACE COLOR RELIGION
SEX ANCESTRAL ORIGIN PHYSICAL DISABILITY MENTAL DISABILITY
AGE(18-above) SEXUAL ORIENTATION GENDER INDENTITY OR EXPRESSION
MARITAL STATUS (CREDIT ONLY) FAMILIAL STATUS (CREDIT ONLY)
VICTIM OF DOMESTIC ABUSE (CREDIT ONLY) ASSOCIATION (CREDIT ONLY)

Specify cause circled _____

Example: if you circled race, indicate your race, etc.

4. Please check the alleged discriminatory action/condition:

☐ Denial of Credit ☐ Denial of Loan ☐ Terms/Conditions of Loan ☐ Terms/Conditions of Service
☐ Denial of Access to a Public Place ☐ Other (indicate) _____

5. Please explain (on a separate paper) what action was taken against you that you believe to be discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.

6. Please specify the date(s) the alleged harm took place _____

7. Have you sought any assistance about the action you think was discriminatory from any other government agency, union or from any other source?

☐ Yes ☐ No If yes, indicate:

Name of source of assistance _____

Result, if any _____

8. Have you sought the assistance of a lawyer? ☐ Yes ☐ No

If yes, indicate: Name _____

Address: _____ City _____ State _____ Zip Code _____

Phone Number _____

Please Note: If you have an attorney representing you, please have him/her send in an entry of appearance letter.

9. Please provide the name of a person not living at your address who is in the local area and who would know how to reach you.

Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____

Please note: if you have a disability and need a reasonable accommodation in order to complete this form, please notify the Commission

FOR OFFICE USE ONLY – DO NOT COMPLETE

SEND NOTICES TO:

A) Agent For service _____

Address _____

City _____ State _____ Zip Code _____

B) Corporate Headquarters _____

Address _____

City _____ State _____ Zip Code _____

C) Other _____

Address _____

City _____ State _____ Zip Code _____